

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesUNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERALIPA

ADDRESS (number and street)

5841 NEWMAN COURT

☐Check if different  
than previously  
reported. (ACC)

SACRAMENTO

CA

95819

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00320218

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dan Button

Signature of Treasurer

Electronically Filed by Dan Button

Date

01

13

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 21

Write or Type Committee Name

UNITED ASSOCIATION OF JOURNEYMEN &amp; APPRENTICES OF THE U.S. &amp; CANADA LOCAL 447 FEDERAL PA

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2009</span>		169775.20
(b) Cash on Hand at Beginning of Reporting Period .....	227641.77	
(c) Total Receipts (from Line 19) .....	120161.98	252212.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	347803.75	421988.09
7. Total Disbursements (from Line 31) .....	117699.25	191883.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	230104.50	230104.50
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 21

Write or Type Committee Name

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	100103.80	232109.03
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	100103.80	232109.03
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	100103.80	232109.03
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	10000.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	10058.18	10103.86
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	120161.98	252212.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	120161.98	252212.89

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	949.25	3033.59	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	949.25	3033.59	
22. Transfers to Affiliated/Other Party Committees.....	15000.00	15000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	37500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	76750.00	136350.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	117699.25	191883.59	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	117699.25	191883.59	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	100103.80	232109.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100103.80	232109.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	949.25	3033.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	949.25	3033.59

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

**A.**

Full Name (Last, First, Middle Initial)

Suen for Elk Grove City Council 2010, Darren

Mailing Address 2601 E. Windren Court

City

Elk Grove

State

CA

Zip Code

95758

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 9

Transaction ID: INC.A.415

Amount of Each Receipt this Period

10000.00

Returned Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

**A.**

Full Name (Last, First, Middle Initial)

Slaton for Congress

Mailing Address 5150 Fair Oaks Blvd., Ste 101-214

City

Carmichael

State

CA

Zip Code

95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 9

Transaction ID: INC.A.441

Amount of Each Receipt this Period

10000.00

Returned Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

<b>A.</b> Full Name (Last, First, Middle Initial) Eichman, CPA, J. Richard	<b>Transaction ID:</b> EXP.B.462 <b>Date of Disbursement</b>																				
Mailing Address 1127 - 11th Street, Suite 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	0	9												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Services Candidate Name	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Eichman, CPA, J. Richard	<b>Transaction ID:</b> EXP.B.447 <b>Date of Disbursement</b>																				
Mailing Address 1127 - 11th Street, Suite 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	0		2	0	0	9												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Services Candidate Name	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Eichman, CPA, J. Richard	<b>Transaction ID:</b> EXP.B.457 <b>Date of Disbursement</b>																				
Mailing Address 1127 - 11th Street, Suite 300	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	9												
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Services Candidate Name	<table border="1"> <tr> <td colspan="10">649.25</td> </tr> </table>	649.25																			
649.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**749.25**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA**A.**

Full Name (Last, First, Middle Initial)

Eichman, CPA, J. Richard

Mailing Address 1127 - 11th Street, Suite 300

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Accounting Services

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.442

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	9

Amount of Each Disbursement this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Eichman, CPA, J. Richard

Mailing Address 1127 - 11th Street, Suite 300

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Accounting Services

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.443

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

Amount of Each Disbursement this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Eichman, CPA, J. Richard

Mailing Address 1127 - 11th Street, Suite 300

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Accounting Services

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.444

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

949.25

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

A. Full Name (Last, First, Middle Initial)  
UA Political Action Fund United Assn

Mailing Address Three Park Place

City Annapolis State MD Zip Code 21401

Purpose of Disbursement  
Non Federal Contribution

Candidate Name  
UA Political Action Fund United Assn

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.456

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

<b>A.</b>	<b>Transaction ID:</b> EXP.B.432 <b>Date of Disbursement</b>
Full Name (Last, First, Middle Initial) Bera for Congress Mailing Address 6107 Pirate Point Court	<div> <div>12</div> <div>15</div> <div>2009</div> </div>
City Elk Grove State CA Zip Code 95758	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Ami Bera	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	<b>Transaction ID:</b> EXP.B.436 <b>Date of Disbursement</b>
Full Name (Last, First, Middle Initial) Democratic Party of Sacramento County Mailing Address 2729 P Street	<div> <div>12</div> <div>17</div> <div>2009</div> </div>
City Sacramento State CA Zip Code 95816	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Democratic Party of Sacramento	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	<b>Transaction ID:</b> EXP.B.425 <b>Date of Disbursement</b>
Full Name (Last, First, Middle Initial) Matsui for Congress Mailing Address P.O. Box 1738	<div> <div>11</div> <div>10</div> <div>2009</div> </div>
City Sacramento State CA Zip Code 95812	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Doris Matsui	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

**A.**

Full Name (Last, First, Middle Initial)

Slaton for Congress

Mailing Address 5150 Fair Oaks Blvd., Ste 101-214

City Carmichael State CA Zip Code 95608

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Bill Slaton

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: EXP.B.416

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Slaton for Congress

Mailing Address 5150 Fair Oaks Blvd., Ste 101-214

City Carmichael State CA Zip Code 95608

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Bill Slaton

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: EXP.B.423

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

25000.00

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

<b>A.</b> Full Name (Last, First, Middle Initial) Atkins for Assembly 2010	<b>Transaction ID:</b> EXP.B.439 <b>Date of Disbursement</b>
Mailing Address 1010 University Lane, Suite 113	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 0 9</div> </div>
City State Zip Code San Diego CA 92103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>1000.00</div>
Candidate Name Atkins for Assembly 2010	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) California Democratic Party	<b>Transaction ID:</b> EXP.B.449 <b>Date of Disbursement</b>
Mailing Address 1401 - 21st Street, Suite 100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 9</div> </div>
City State Zip Code Sacramento CA 95814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>5000.00</div>
Candidate Name California Democratic Party	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Cooley for School Board, Brian	<b>Transaction ID:</b> EXP.B.417 <b>Date of Disbursement</b>
Mailing Address 915 L Street, Suite 291	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 0 9</div> </div>
City State Zip Code Sacramento CA 95814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>2000.00</div>
Candidate Name Cooley for School Board, Brian	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

<b>A.</b> Full Name (Last, First, Middle Initial) Cooley for School Board, Brian	<b>Transaction ID:</b> EXP.B.433 <b>Date of Disbursement</b>
Mailing Address 915 L Street, Suite 291	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 9</div> </div>
City Sacramento State CA Zip Code 95814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>2500.00</div>
Candidate Name Cooley for School Board, Brian	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Cooper for Sheriff 2010, Jim	<b>Transaction ID:</b> EXP.B.452 <b>Date of Disbursement</b>
Mailing Address 1005 12th Street, Suite H	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 9</div> </div>
City Sacramento State CA Zip Code 95814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>10000.00</div>
Candidate Name Cooper for Sheriff 2010, Jim	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Duran for Supervisor 2010, Friends of Jack	<b>Transaction ID:</b> EXP.B.434 <b>Date of Disbursement</b>
Mailing Address 4010 Foothills Blvd., Suite 103-9	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 9</div> </div>
City Roseville State CA Zip Code 95747	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>1000.00</div>
Candidate Name Duran for Supervisor 2010, Friends of Jack	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

13500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

<b>A.</b> Full Name (Last, First, Middle Initial) Freer for Council 2009, Sofia	<b>Transaction ID:</b> EXP.B.418 <b>Date of Disbursement</b>
Mailing Address 984 Pilarcitos Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 9 / 2 0 0 9</div> </div>
City Half Moon Bay State CA Zip Code 94019	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>750.00</div>
Candidate Name Freer for Council 2009, Sofia	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Galgiani for Assembly 2010, Cathleen	<b>Transaction ID:</b> EXP.B.421 <b>Date of Disbursement</b>
Mailing Address 31 East Channell Street, Suite 306	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 9 / 2 0 0 9</div> </div>
City Stockton State CA Zip Code 95202	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>2000.00</div>
Candidate Name Galgiani for Assembly 2010, Cathleen	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Groom for Supervisor 2010, Carole	<b>Transaction ID:</b> EXP.B.427 <b>Date of Disbursement</b>
Mailing Address 900 Cherry Avenue, Ste. 217	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 9</div> </div>
City San Bruno State CA Zip Code 94066	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>1000.00</div>
Candidate Name Groom for Supervisor 2010, Carole	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3750.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

<b>A.</b> Full Name (Last, First, Middle Initial) Hanley High School Board 2009, Re-Elect	<b>Transaction ID:</b> EXP.B.453 <b>Date of Disbursement</b>
Mailing Address 1033 Shireline Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 9</div> </div>
City State Zip Code San Mateo CA 94404	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>1000.00</div>
Candidate Name Hanley High School Board 2009, Re-Elect	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Hernandez for School Board 2010, Mary	<b>Transaction ID:</b> EXP.B.435 <b>Date of Disbursement</b>
Mailing Address P.O. Box 41069	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 9</div> </div>
City State Zip Code Sacramento CA 95814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>1500.00</div>
Candidate Name Hernandez for School Board 2010, Mary	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Hueso for State Assembly 2010, Ben	<b>Transaction ID:</b> EXP.B.438 <b>Date of Disbursement</b>
Mailing Address 330 Encinitas Blvd., Suite 101	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 2 / 2 0 0 9</div> </div>
City State Zip Code Encinitas CA 92024	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>1000.00</div>
Candidate Name Hueso for State Assembly 2010, Ben	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

<b>A.</b> Full Name (Last, First, Middle Initial) Hughes for Council 2009, Benecians for Mark	<b>Transaction ID:</b> EXP.B.422 <b>Date of Disbursement</b>																				
Mailing Address 881 Corcoran Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	0	9												
City Benicia State CA Zip Code 94510	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Federal Contribution Candidate Name Hughes for Council 2009, Benecians for Mark	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Kennedy for City Council 2010, Patrick	<b>Transaction ID:</b> EXP.B.459 <b>Date of Disbursement</b>																				
Mailing Address 1809 S Street, Suite 101-368	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	0	9												
City Sacramento State CA Zip Code 95811	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Federal Contribution Candidate Name Kennedy for City Council 2010, Patrick	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lennon School Board 2010, Mark	<b>Transaction ID:</b> EXP.B.429 <b>Date of Disbursement</b>																				
Mailing Address 510 Bercut Drive, SUite S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	8		2	0	0	9												
City Sacramento State CA Zip Code 95811	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement non Candidate Name Lennon School Board 2010, Mark	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA**A.** Full Name (Last, First, Middle Initial)  
Livingston Sheriff 2010, Committee to Elect David

Mailing Address P.O. Box 1088

City Danville State CA Zip Code 94526

Purpose of Disbursement  
Non Federal ContributionCandidate Name  
Livingston Sheriff 2010, Committee to Elect DavidCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.460

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Parker for Board of Equalization, Taxpayers for Chris

Mailing Address P.O. Box 161527

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Non Federal ContributionCandidate Name  
Parker for Board of Equalization, Taxpayers for ChrisCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.455

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Partridge for City Council, Naomi

Mailing Address 487 Laurel Avenue

City Half Moon Bay State CA Zip Code 94019

Purpose of Disbursement  
Non Federal ContributionCandidate Name  
Partridge for City Council, NaomiCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.420

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	0	9

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional) .....

5750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

<b>A.</b> Full Name (Last, First, Middle Initial) Rivas for Sac County Bd of Education, Friends of Brian	<b>Transaction ID:</b> EXP.B.424 <b>Date of Disbursement</b>
Mailing Address 5443 Buckwood Way	<div> <div>11</div> <div>10</div> <div>2009</div> </div>
City Sacramento State CA Zip Code 95835	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>500.00</div>
Candidate Name Rivas for Sac County Bd of Education, Friends of Brian	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Ruddock for Council 2009, Deborah	<b>Transaction ID:</b> EXP.B.419 <b>Date of Disbursement</b>
Mailing Address 367 Metzgar Street	<div> <div>10</div> <div>19</div> <div>2009</div> </div>
City Half Moon Bay State CA Zip Code 94019	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>750.00</div>
Candidate Name Ruddock for Council 2009, Deborah	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Salas for State Senate 2010, Mary	<b>Transaction ID:</b> EXP.B.437 <b>Date of Disbursement</b>
Mailing Address 330 Encinitas Blvd., Suite 101	<div> <div>12</div> <div>22</div> <div>2009</div> </div>
City Encinitas State CA Zip Code 92024	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>1000.00</div>
Candidate Name Salas for State Senate 2010, Mary	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

<b>A.</b> Full Name (Last, First, Middle Initial) Saylor for Supervisor 2010	<b>Transaction ID:</b> EXP.B.458 <b>Date of Disbursement</b>																				
Mailing Address 1102 Kent Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>1</td><td>8</td><td></td> <td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	9												
City State Zip Code Davis CA 95616	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Federal Contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Saylor for Supervisor 2010	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Saylor for Supervisor 2010	<b>Transaction ID:</b> EXP.B.431 <b>Date of Disbursement</b>																				
Mailing Address 1102 Kent Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td> <td>1</td><td>0</td><td></td> <td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City State Zip Code Davis CA 95616	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Federal Contribution	<table border="1"> <tr> <td>10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Candidate Name Saylor for Supervisor 2010	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Schwartzman for Council 2009, Alan	<b>Transaction ID:</b> EXP.B.426 <b>Date of Disbursement</b>																				
Mailing Address 615 First Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td> <td>0</td><td>4</td><td></td> <td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	9												
City State Zip Code Benicia CA 94510	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Non Federal Contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Schwartzman for Council 2009, Alan	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE U.S. & CANADA LOCAL 447 FE-  
DERAL PA

<b>A.</b> Full Name (Last, First, Middle Initial) Suen for Elk Grove City Council 2010, Darren	<b>Transaction ID:</b> EXP.B.430 <b>Date of Disbursement</b>
Mailing Address 2601 E. Windren Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 0 9</div> </div>
City Elk Grove State CA Zip Code 95758	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>10000.00</div>
Candidate Name Suen for Elk Grove City Council 2010, Darren	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Suen for Elk Grove City Council 2012, Darren	<b>Transaction ID:</b> EXP.B.440 <b>Date of Disbursement</b>
Mailing Address 2601 E. Windrim Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 4 / 2 0 0 9</div> </div>
City Elk Grove State CA Zip Code 95758	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Non Federal Contribution	<div>10000.00</div>
Candidate Name Suen for Elk Grove City Council 2012, Darren	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Tissier for Supervisor 2012, Adrienne	<b>Transaction ID:</b> EXP.B.428 <b>Date of Disbursement</b>
Mailing Address P.O. Box 3194	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 9</div> </div>
City Daly City State CA Zip Code 94015	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement non	<div>1000.00</div>
Candidate Name Tissier for Supervisor 2012, Adrienne	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

21000.00

**TOTAL** This Period (last page this line number only) .....

76750.00